Rajneesh K. Dail, D.D.S.

Diplomate of the American Board of Pediatric Dentistry



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Date		

HEALTH HISTORY

Boy Girl (please circle) Phone	Boy Girl (please circle) Phone	Patient's Nar	me		(first)					(I)			
Patient's Physician Address Patient's Specialist Phone Is/Has Child: Yes No If yes: Any illness now? Any illness now? Receiving any medications or drugs? Ever been hospitalized? Ever been hospitalized? Ever been hospitalized? Ever been hospitalized? Ever had surgery? Allergic to any medications? Allergic to latex products? Allergic to latex products? Are there any other allergies? Born Premature or Low Birthweight? Born Premature or Low Birthweight? Anemia Y N Hearing Problem Y N Sleep Apnea Y Authism Y N Heart Murmur Y N Tuberculosis Y Bleeding Disorder Y N Hepatitis Y N Tuberculosis Y Bleeding Disorder Y N Hilly/AIDS Emotional Problem Y N Special Needs/Other: Emotional Problem Y N Kidney Disease Y N Emily/AIDS Premature or Districts Y N Herath Murmur Y N Special Needs/Other: Emotional Problem Y N Kidney Disease Y N Emily/AIDS Fainting or Diziness Y N Mental Disorder Y N Mental Disorder Y N Author Disease Y N Fainting or Diziness Y N Mental Disorder Y N If yes: DENTAL HISTORY Reason for this appointment. How do you feel about the condition of your child's mouth and teeth? Date of last visit Treatment provided Yes No Itas Child: Itas Child: Itas Child: Itan unising, bottle feeding or bottle habits continue beyond 18 months of age? Had any injuries to mouth, teeth or head? Had nursing, bottle feeding or bottle habits continue beyond 18 months of age? Is Fluoride taken in any form?	Patient's Physician	Riethd	late		` '		Roy	G	irl	(last)			
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